

New Jersey Behavioral Health Planning Council (BHPC)

Meeting Minutes, November 4, 2015 10:00 A.M.

Attendees:

Harry Coe (P)	Scott Kelsey (P)	Brenda Sorrentino
Ernst de Haas	Michael Litterer (P)	Robin Weiss
Phillip Lubitz	Christopher Lucca	Debra Wentz
Annette Wright (P)	Michele Madiou	Bruce Blumenthal (P)
Barbara Johnston	Dan Meara	Rocky Schwartz (P)
Connie Greene	Pam Nickisher	Thomas Pyle
Joseph Gutstein (P)	Robert Paige	Sharon Harrigan
Damian Patino	John Pellicane	Susan Brocco (P)
Doug Kelsey (P)	Rachel Morgan (P)	

DMHAS, CSOC & DDD Staff:

Donna Migliorino	Suzanne Borys	Geri Dietrich
Yunqing Li	Helen Staton	Tara Ellison

Guests:

Roxanne Kennedy	Louann Lukens	Anjama Multani
J. Haag		

Note: (P) indicates that an individual participated via telephone.

I. Welcome/Administrative Issues/Correspondence

- A. Introductions
- B. Reminder from Phil - starting in January, meetings will be in the First Floor Conference Room.
- C. Minutes from last meeting (10/14/15) approved.

II. Presentation of Slate of Nominees/Elections (Phil & John leave the room)

- A. Chris Lucca – Nominating Committee met, and put forth as a recommendation Phil Lubitz for Chair and John Pellicane for Vice Chair. Before we proceed, are there any nominations from the floor? With no nominations from the floor, Chris would like to recommend a vote for Phil to continue as Chair – approved unanimously. Chris would like to present John Pellicane to continue as Vice-Chair. Approved unanimously. (Phil & John rejoin meeting).

III. Overview: Mental Health Services Block Grant (Power Point presentation by Donna Migliorino (emailed copies were sent out prior to meeting).

- A. New definition for SED & SMI effective with the 2016/2017 grant. The old and the new definitions were reviewed.

- B. The Objective of the Block Grant is to support the states in carrying out plans for providing comprehensive community mental health services.
- C. Focus on 4 dimensions of recovery: health, home, purpose, and community.
- D. SAMHSA allowed for the first joint Block Grant application in 2012. NJ has been submitting a joint block grant application since 2012.
- E. When we submit our implementation report, because of the funding piece from SAMHSA, they do not allow us yet to submit a joint implementation report.
- F. As a result of the whole Block Grant process, SAMHSA conducts multi-day site visits of mental health services every 3-5 years and for addictions every 3 years. They came to us for our MH site review in July 10-12 of 2012 so we are just about due. They decided to do a joint visit, and this time we are lucky enough to have our first joint visit in March 2016. We are trying to work with them to time it for when we have our Planning Council Meeting. When they do the MH visit they also ask to meet with the Planning Council. It will be important to try to make that meeting. Will keep you posted when we get more details about the meeting. They also do site visits with providers and agencies.
- G. Planning Steps:
 - 1. Step 1 – Assess Strengths and Needs of the Service System to address the specific Population
 - 2. Step 2 – Identify Unmet Service Needs and Critical Gaps within the current system – The Planning Council provided a lot of input into this section for the block grant.
 - 3. Step 3 – Prioritize state planning activities
 - 4. Step 4 – Develop goals, objectives, performance indicators and strategies
- H. Environmental factors discussed.
- I. Planning Council – a summary of activities throughout the year (membership tables, etc.) was discussed.
- J. Allotment methodology was discussed.
- K. Implementation Report is due December 1st every year (unless that date falls on a weekend).
- L. URS Tables – part of the Implementation report and is due December 1st every year.

IV. **Overview: Substance Abuse Block Grant** (Power Point Presentation by Suzanne Borys)

- A. Substance Abuse & Mental Health Services Administration oversees 2 major Block Grants - the Substance Abuse Prevention & Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant.
- B. Purpose of the BG was discussed.
- C. Final Allotment - \$46,379,126.00
- D. Targeted Population – Pregnant Women, Women with dependent children, Intravenous drug users, TB services, Prevention Services for HIV/AIDS, and Primary Prevention Services.
- E. Set Asides – SAMHSA requires that we spend no less that 20% of our BG on SA Primary Prevention. We spend more than that (it would be around 9 million). We spend about \$12,000,000.00 on set-asides

- F. Maintenance of Efforts – State MOE, Women’s MOE, TB Services MOE, and HIV MOE.
- G. Tobacco Use Prevention – SYNAR Amendment requires states to enact laws prohibiting the distribution of tobacco products to minors.
- H. Behavioral Health Assessment & Plan was discussed.
- I. Annual Report due December 1st.
- J. Annual Update was discussed.
- K. Expenditure Tables were discussed.
- L. Performance Data & Outcomes were discussed.

V. Overview: Children’s Services in the Block Grant

- A. Presentation by Geri Dietrich
 - 1. Children’s services is under a different Department. The Department of Children & Family (DCF), when it moved, the money couldn’t go with it.
 - 2. DCF receives state-only money, about \$500,000
 - 3. Part used for Children’s set aside, the rest – Traumatic Loss Coalition
- B. Phil – in January, we will have a much fuller presentation on Children’s Outcomes and Services.
- C. Geri – In order for money to be released, we still have to report on Children’s level of care on BG application.

VI. Review of the 2015 Block Grant Implementation Report

- A. Donna – We went over the URS tables in previous meetings. The only thing that changed was the numbers for the Consumer Survey. That piece Yunqing will go over. The only other pieces that we have to tidy up with regards to the implementation report, Morris is going to come in and address that any minute, is with regard to the Children’s set aside table and the MOE. The other fiscal tables are completed.
- B. Yunqing – There are 3 Priority Areas for Mental Health – Suicide Prevention, Supportive Housing (SH), and Consumer Operated Services. In SH, we have 3 indicators.
 - 1. The first priority is Suicide Prevention Hotline – this is the 2nd year we do the reporting. We have achieved our target.
 - 2. The next 3 indicators are for the priority area Supportive Housing (SH) – the 1st indicator is to increase the number of individuals served by SH. Our target is to increase by 2%. The 2nd SH indicator is to create additional community based SH beds. We did meet our target. The 3rd indicator is Consumer Support Services (CSS) – to provide technical assistance or trainings to providers of supportive housing. We’ve made available training and technical assistance to SH agencies.

3. The next priority area is Consumer Operated Services. SHOUT is used by 33 DMHAS funded Self Help Centers to track member participation. Among the 33 Self-Help Centers, three are hospital based, and 30 are community based. SHOUT will be transitioning into a more outcome driven system that will be operated by DMHAS and fully implemented by FY 2017.

C. Q- Joe Gutstein – When will we see data collection form for the SHOUT and the new form that’s going to be used?

A – Phil – So we know there’s a SHOUT form, so if we could make that available to the council.

A – Suzanne – The SHARP tool is still being developed, so it is not available yet. We need a detailed analysis of the requirements of SHARP. There are a number of different forms for the different centers for SHOUT.

Q – Is there a core set of data items? What constitutes a Wellness and Recovery activity?

VII. Fiscal Presentation (Morris Friedman, DMHAS)

A. A comprehensive review of the fiscal reports in WebBGAS was provided by Mr. Friedman. (See <https://bgas.samhsa.gov/> Username “citizennj”, Password: “citizen”)

B. We will have everything completed in time to submit by December 1st.

VIII. Children’s Services

A. Geri – SFY 2015 we enrolled 47,237 children in services. That was a 4.8% increase over SFY 14. Of that number, 37,179 children fell into the category of SED, 10.2% increase over previous year.

B. 1st goal is to also increase children served with SED, also to increase the number of children served with developmental disabilities and behavioral health challenges. Children with DD/ID and mental health challenges that we served (2,701) during the previous fiscal year was a 26% increase over FY 2014. Our 2nd goal was children with behavioral health challenges who are have hearing impairment or are deaf being placed out of state. Historically, we could not serve this population in NJ, often they were sent to residences in FL for treatment. Now, we opened a program this past spring, on the grounds of the Marie Katzenbach School for the Deaf, it’s a 5 bedroom group home and we now have no children with behavioral health challenges, hearing impairments, or who are deaf being served out of state. We have no BH children out of state, we are serving everyone in-state at this time.

IX. Announcements/Closing Comments

A. Phil – We are going to try to present on some of the measures on a quarterly basis. The hope is that we won’t have to have one whole meeting where we will become

overwhelmed by data, that we will become familiar with it to pick out the central pieces that we want to look at.

- B. Phil – By the January meeting, we're going to be asking people to pick a meeting or more to join. We're going to hope that on a regular basis, you will participate. We will have the BG committee, a membership committee, the advocacy committee, and we're going to start up an outcomes committee and hopefully these will all fit together. For right now, by January, we'd like everyone to consider, at a minimum, which one of those committees that you'll be joining.

Next General Meeting December 9th, 2015 at 10:00 AM